



# Clark County Fire Department

575 E. Flamingo Rd • Las Vegas, NV 89119-6950 • Phone: (702) 455-7311 • Fax: (702) 734-6111  
Email: [CCFDEVENTS@ClarkCountyNV.gov](mailto:CCFDEVENTS@ClarkCountyNV.gov)

## Apparatus Standby Request/Authorization

Minimum fee for an "Apparatus Standby" is \$1,200.00, payable by check (US currency) to the Clark County Fire Department, located at 575 E. Flamingo Road, Las Vegas, NV 89119 at the time of request submittal. The \$1,200.00 fee is a 4-hour minimum standby at \$300.00 per hour for (1) unit, which includes set-up and drive time. Should the apparatus standby exceed the 4-hour minimum, additional fees of \$300.00 per hour per unit (rounded up) will be assessed and invoiced to the requesting company.

### **Requesting Company Name:** *(Please print or type information)*

Name: \_\_\_\_\_

Number of Units Requested \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Fax #: \_\_\_\_\_

### **Apparatus Standby Requested for:** *(Please print or type information)*

Purpose/Event: \_\_\_\_\_

Complex/Facility Name: \_\_\_\_\_

Complex/Facility Address: \_\_\_\_\_

On-Site Company Rep + Phone & Cell #: \_\_\_\_\_

Alternate On-Site Contact + Phone & Cell #: \_\_\_\_\_

Reporting Location for Apparatus: \_\_\_\_\_

Requested Standby Date(s): \_\_\_\_\_

Requested Time(s): \_\_\_\_\_

**I understand payment of \$1,200.00 must accompany this request, that I will be invoiced for additional fees if the standby exceeds the 4-hour minimum, that this request and the minimum \$1,200.00 payment must reach the Clark County Fire Department no less than (7) business days prior to the requested standby date(s), and that failure to do so may result in my having to reschedule the requested standby date.**

\_\_\_\_\_  
Company Representative (*print name*)

X \_\_\_\_\_  
Company Representative (*signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCFD Representative (*print name*)

X \_\_\_\_\_  
CCFD Representative (*signature*)

\_\_\_\_\_  
Date

### **FOR FIRE DEPARTMENT USE ONLY**

\_\_\_\_\_  
Assigned Number

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Assigned Inspector

\_\_\_\_\_  
Authorized FD Supervisor